



Return applications and copy of documentation to 25 Columbus Rd. Mount Vernon, OH 43050

DISCOUNTED FARES APPLICATION

Name _____

Address _____

Phone _____

Date of Birth _____

Please select reason for discount:

<input type="checkbox"/>	Student (please include copy of student ID)
<input type="checkbox"/>	Over age 60 (please include copy of drivers license or age verification)
<input type="checkbox"/>	Veteran (please include copy of document verifying service)
<input type="checkbox"/>	First Responder (please include copy of document or ID verifying status)
<input type="checkbox"/>	Disability (please include one of the following) <ul style="list-style-type: none">- Social Security or Veteran letter stating disability status or- Licensed Medical Professional statement below

Signature _____ **Date** _____

CERTIFICATION OF DISABILITY

I hearby certify that the above applicant is disabled, and the disability falls under the Americans with Disabilities Act definition of disability as a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

Disability is: _____ Permanent _____ Temporary ending date _____

Licensed Medical Professional

Signature _____ Date _____

Name _____ Phone _____